

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27519

1. PLACE OF DEATH
 County St. Louis Registration District No. 485
 Township Boonville Primary Registration District No. 3037
 City Riverview (No. 430, So. Sayer Rd.) St. _____ Ward _____

2. FULL NAME Louise Haber
 (a) Residence, No. 430 So. Sayer Rd. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Walter Haber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1853

7. AGE YEARS 80 MONTHS 10 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ill

13. NAME Nicklos Juenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

15. MAIDEN NAME Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT Walter Haber (ADDRESS) 430 So. Sayer, Riverview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chauville Ill (DATE) Aug. 28, 33

19. UNDERTAKER Kidman Bros. (ADDRESS) Chauville Ill

20. FILED 976, 1933 C. E. Barnett Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1933, to August 2nd 1933
 I last saw him alive on August 2nd, 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
131
92.1
mag 4th
 Other contributory causes of importance:
Valvular disease of heart 1925

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Henry J. Brown M. D.
 (Address) 1250 E. Adams, Riverview, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

Dr. D ionysius
125 East Adams.
Berkeley Mo.
Berkeley 249

TELEPHONE
KIRKWOOD 944
RES. " 1529

OFFICE HOURS
2 TO 4 P. M. 7 TO 9 P. M.
AND BY APPOINTMENT

DR. C. E. BARNETT

209 S. KIRKWOOD ROAD
KIRKWOOD, MO.

RECEIVED

SEP 29 1933

THE STATE BOARD OF HEALTH
9/27/33 OF MISSOURI

State Board of Health

Please send corrected certified
death certificate of Louise Faber.
The name in 5A should be
"Carl Faber" instead of
Walter Faber. Please mail
direct to "Arthur Faber" in inclosed
envelope.

Very truly yours

C. E. Barnett M.D.